

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>S. A. M.</i>	<i>12</i>	<i>11-30-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>S. A.</i>	<i>1082</i>	<i>12/13/01</i>
	<i>TA</i>	<i>1113</i>	<i>02-08-02</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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949 1030
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